Information Key To Saving At-Risk Infants

By ALEXANDRA DUFRESNE | OP-ED
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I serve on Connecticut's Child Fatality Review Panel, an interdisciplinary body charged with reviewing unexpected deaths of children. Because so many of the cases we review are of babies, it is hard to shake the feeling that we are always just one week too late.

A natural psychological response of seeing so many dead children is to give up. But fatalism is a luxury we can ill afford.

In the last five months, nine Connecticut children have died of non-medical causes in families currently or recently involved with the Department of Children and Families, according to the Office of the Child Advocate. Six were infants six months or younger. Data show that over the last 13 years, children at greatest risk of dying of non-medical causes in Connecticut are infants between birth and six months.

Indeed, the most striking take-away is that the majority of unexpected deaths of infants in Connecticut can be prevented. But how?

Connecticut data tell us essential facts: Infants are more likely to die from unsafe sleeping conditions than from other accidental injury or child abuse. Most children who die from child abuse are killed by a caregiver, most often their father or their mother's boyfriend. The greatest known predictor of whether a child will be a homicide victim is a family history of abuse or neglect.

But data trends, while essential, are not enough to enable policy-makers to make the most effective reforms. Only stories can tell us exactly what we could have done better to protect our children. They are fundamental to our ability to learn from our mistakes. But we do not always listen to them. Why not? Because we do not consistently gather, record and share them.

The child advocate and the Child Fatality Review Panel analyze particular issues or subsets of cases, including those of non-DCF involved families, but lack the staffing to issue in-depth, timely reports for each child. DCF conducts internal investigations of deaths of children in families with DCF history. But these reports are not public, meaning that legislators, agency leaders and professionals outside of DCF miss an opportunity to learn what could be done better.

We need full-scale, in-depth, publicly available investigative reports for every unexpected child death, in time to prevent the next death. In recent years, Connecticut took steps to reduce infant deaths; for example, DCF's new policy on reducing unsafe sleep deaths is promising. But timely release of the stories of these children would tell us where to focus our resources. They might tell us that state agency delays in securing background checks, drug tests or in-home services are too risky in cases involving infants. Perhaps they will show that DCF caseload expectations must be adjusted for the urgency and intensity of these cases; that visits should be announced and unannounced, day and evening; that there should be more frequent team meetings and court reviews. Maybe they will tell us that assessments of high-risk families should occur weekly, that barriers to real-time information-sharing across systems should be

eliminated or that we should expand the network of home visiting programs.

All cases cannot be tagged "high alert": If you go into an emergency room complaining of a sore throat, you are going to have to wait. But if you walk in with chest pain, you will receive a lot of medical attention — fast. And before the nurse gives you medicine, she will check the wristband with your name on it — every time. Because, when the stakes are high, we build systems to avoid human error. Similarly, in high-risk cases, for the first six months after a baby is born, perhaps the baseline for what constitutes a "normal" or "appropriate" or even a "possible" community and governmental response should be reconceptualized.

These deaths are not inevitable. Many of us are alive because clear-sighted people before us launched "Back to Sleep" campaigns, passed car seat and anti-drunken driving laws, and installed fire alarms and soap dispensers. Let us listen to what the stories of these children are telling us. This is a crisis — one we can solve.

Alexandra Dufresne is a staff attorney in the Child Abuse Project at the Center for Children's Advocacy in Hartford and a member of Connecticut's Child Fatality Review Panel.